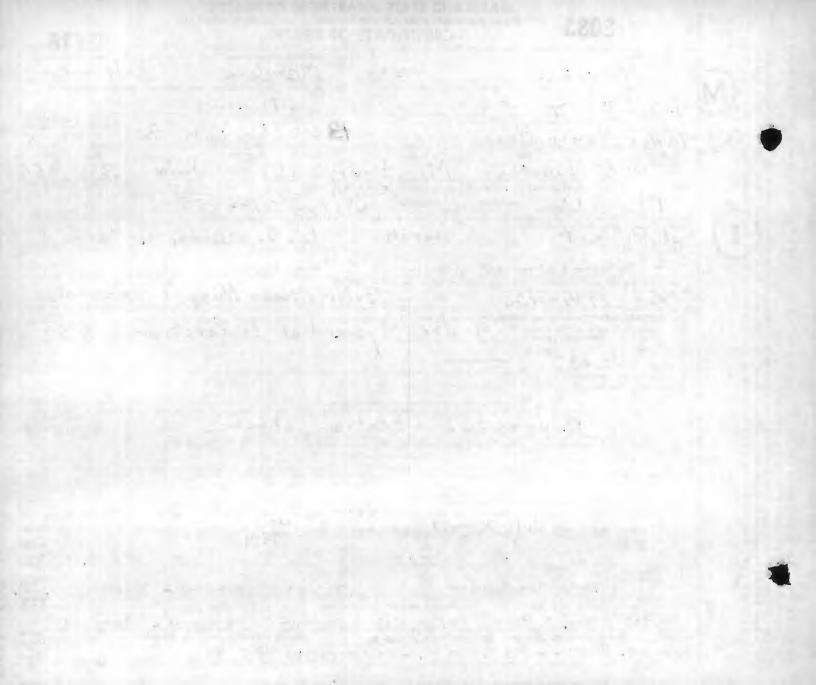
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY 0026 MARYLAND funerol or b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negress town Vansh d. NAME OF HOSPITAL (If not in hospital, e. IS RESIDENCE ON A FARM? YES NO E D NAME OF Middle 4. DATE Day OF DEATH (Type or pfinf) 19 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX last birthday) Months DIVORCED [ WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during methof working life, even if retired) 2 2 25 Baltimore, Md and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Nowak 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT lor Hemor Hospies record: attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] In Parction PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO Conditions, if ony, which (b), gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while at work ot work p. m. 21. I certify that (I) (this haspital), attended the deceased fram June 30 1961, that (1) (we) last 1961, and that death accurred at 742, from the causes and an the date stated above saw the deceased alive an July S 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type nay be ret FUNERAL Stephen Lee Magness Taylor Manor Hospital - Ellicott ole 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, tawn, or county) 23c, NAME OF CEMETERY OR CREMATORY (Stote) St Stanislaus Cemetery Raltimore -Merry and 0 24 FUNERAL DIRECTOR'S SIGNATURE JEST SO 25b. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR Ann St. - Baltimore BOATE immer & there 1SM 9/S9 Md.

death, Page



FOR STATE HEALTH DEPT. TO DIM KY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If you have please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the carried director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 heart after death.

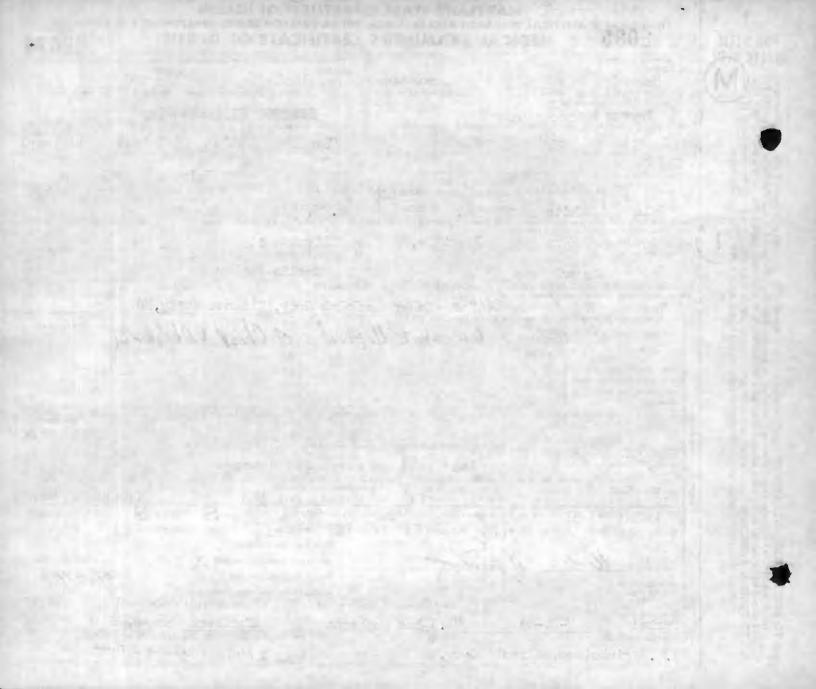
VS. A15ME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08077

	LACE OF DEA!	Howard			2. USUAL RI				ed, If	ITY 2.3			edmission)
				MARYLAND			ylan			1 6		r vol	
	write RURAL a	(if outside corporate tiend give nearest town)	nits,	e. LENGTH OF STAY IN 16	c. CITY OR	TOWN (I Sav		corporate limit	, write	e RURAL and	give n	eerest to	wn)
-	. NAME OF HOS	PITAL OR INSTITUTION	(If not In has	pital, give street eddress)	d. STREET A	DDRESS						e. IS R	ESIDENCE
		altimore Av				322	Balt	timore	Ave	enue			A FARM?
	NAME OF	RIM		Middle	M Last	1	4. DAT	E	Month	1	Day	Yes	ır
- (	Type or print)				LLINGER		DEA	TH	Jul	Y	2	19	61
5. 3	EX	6. COLOR OR RAC	E 7. MARRIE	D X NEVER MARRIED	. DATE OF BIRTH					IF UNDER 1	'EAR	IF UNDE	24 HRS.
	Male	White	WIDOWE		March 7	, 19	34	last birth	yrı.	Months D	aht	Hours	Min.
10a.	USUAL OCCUPA	TION (Give kind of wo	rk 10b, Ki	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (Slete	or foreign	country)		12. CITIZ	EN OF	WHAT	COUNTRY
L	aborer-	Sand & Gr	avel	Contee Co.	Vir	gini	a				U.	S.	A -
	FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME		0.				
	Harr	y E. Elli	nger		Nor	a Pi	ner						
15.				SOCIAL SECURITY NO. 17.			2101	A	ddress	Sau	200	, M	4
(Yes	no, or unkown)	(If yes give we rordetes of	service)			0 5	974-				-		
-	no l	DESTRICTED CONTRACTOR		12-30-9960 ] ine for (e), (b), end (c).]	Dorothy	U.E	1 1 1 1 1	iger. 2	55	Daic			
		TH WAS CAUSED BY:										RVAL BE	
	415	IMMEDIATE CAUSE (8	Long	estive heart f	allure								
	400	D. DUE TO											
	Conditions, if an		Coro	nary insuffici	ency								
	geve rise to imme (e), stating the	market was	0										
	cnuse last.	J (c	Occl	usion of desce	nding br	anch	of 1	eft co	ron	arv ar	ter	V.	
Z	PART II. OTH		ITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO TH	E TERMIN	AL DISEA	SE CONDITIO	N GIV	EN IN PART	(a) 19	. WAS A	UTOPSY
Ě												PERFO	RMED?
띹	20e. EXTERNAL C	AUSE WAS	20b. DESCRI	BE HOW INJURY OCCURED. (	Enter nature of Inju	ry in Part	Lor Part I	Lof item 18.)				13 4P	NO [
~	PRIMARY   or C	ONTRIBUTING [7]		,		.,,							
MEDICAL	20c. TIME OF INJ	URY Month, Day, Y	eer 20d, I While		CE OF INJURY (He			City or town)	-	(Coun	lyl		(State)
₹ .	p.m.	19	tow te	k et work			i						
	21. I certify	that I took charge	of the rem	ains described above, he	ld an Autopsy	X.	Inspection	on 🔲. II	nquir	у 🔲	and i	n my o	pinion
	death resulted	from: Natural o	auses X.	Accident, Suic	ide, Hor	nicide		Undetermin	ed m	anner 🗌			
		1	00	1-1	CHIEF M	EDICAL E	XAMINER	X					
	ACTUAL BIGNATURE	Musse	ll.	1 or whe	M.D. ASSISTA	NT MEDI	CAL EXAM	AINER			D	TE SIG	NED
	EXAMINER'S NAME (Type)	Russ	ell S.	Fisher, M.D.			EXAMINE ity, town,	or eounly)				7/3/	61
	BURIAL, CREMATI REMOVAL (Specif UP 121			22c. NAME OF CEMETERY OF Prace Chrisi	CREMATORY		22d. LO	ATION (City,		-	Co.	(Stat	-1
23.	FUNERAL DIRECTO	DR	4107	Wilkens Av	e.	4e. REC		161 24b.		STRAR'S SIG		_	
					1 1	THE SE	AL U	V . ]	-	and a second			

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3/1		8083		MEDICA	L EXAMINER'S	CERTIFICA			DRE 1, MAR	08	078
X		LACE OF DEATH COUNTY Howard	ī		MARYLAND	a. STATE		b. COUN		ce before	e dmission
		o. CITY OR TOWN (	if outside corpora	nta limits, vn)	c. LENGTH OF STAY IN 16				RURAL end give	nearest to	en)
	-	HONDING OF HOSPI	Ellico	tt City	sospilel, give street address)	d. STREET ADDRES		icott C	ity		RESIDENCE A FARM?
X	-	Box 188	Oakla	and Mil		/ Box 188		and Mil	-	YES [	
	1	NAME OF DECEASED (Type or print)		First HERMAN	GRAY	Last	4. DATE OF DEATH	Month	22, 1961	19	<b>11</b>
	5.	SEX	6. COLOR OR	RACE 7. MARI	RIED NEVER MARRIED X	B. DATE OF BIRTH	15	. AGE (In years last birthday)	IF UNDER 1 YEAR		R 24 HRS.
		liale	White			Dec. 25, 191		48 yrs.	Months Days	Hours	Min.
		. USUAL OCCUPAT ne during most of wo		if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sta	te or foreign co	untry)	12. CITIZEN C	F WHAT	COUNTRY
	)		ent Farm	ı B	eltsville, Md	Ellicott	min of	Md			
/	13.	FATHER'S NAME	7	C		14. MOTHER'S MAIDE		×			
	15	WAS DECEASED EV	Edward		6. SOCIAL SECURITY NO. 17.		a Booke	Address			
	(Ye	, no, or unkown) (I	fyesgivewerord	etes of service)			Tribus as its				
	-	Yes	HI 2	2		tudolph Gray	, Llico	tt City			
			H WAS CAUSED		r line for (a), (b), and (cf.)	1. 1 .	1 Al.	1 . 11	01	TERVAL BE	
		000	IMMEDIATE CAL	JSE (a)	GUNSKOY U	Dund 9	Chest	1 & Abd	ower _		
		976	X	UE TO		/					
		Conditions, if only	, which	(b)							
		deve use to immedi	iole canse [ _	UE TO							
		(a), stelling the u	nderlying D	01 10							
		cause lest.	nderlying	(c)							
	NO	cause lest.	nderlying	(c)	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS	AUTOPSY ORMED?
0	CATION	cause lest.	nderlying	(c)	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MNAL DISEASE	CONDITION GIV		19. WAS PERFO	AUTOPSY ORMED? NO
0	MEICATION	PART II, OTHER	SIGNIFICANT C	(c)CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO					PERF	DRMED?
0	CERTIFICATION	cause lest.	SIGNIFICANT C	(c)CONDITIONS CO		Entar nature of Injury in F	art I or Part II o	item 18.)		PERF	DRMED?
0		PART II. OTHER  20s. EXTERNAL C. PRIMARY LAGO CC CAUSE OF DEATH.  20c. TIME OF INJU	R SIGNIFICANT O	(c) CONDITIONS CO	Shot self in	Entar nature of Injury in F  chest and  ACE OF INJURY (Homa, for	abdome	I item 18.)		PERF	DRMED?
0	MEDICAL CERTIFICATION	PART II. OTHER  20a. EXTERNAL C. PRIMARY DAOF CC CAUSE OF DEATH.  20c. TIME OF INJU	R SIGNIFICANT O	(c) CONDITIONS CO	crise HOW INJURY OCCURED. (  Shot self in d. INJURY OCCURRED   200. PLA	Enter nature of Injury in F chest and ACE OF INJURY (Home, for tory, street, office bldg., a	abdome	I item 18.)		YES PERF	NO A
0		PART II. OTHER  20a. EXTERNAL C. PRIMARY Door CC CAUSE OF DEATH.  20c. TIME OF INJU OUNDAIN SAX 12:30.m.	R SIGNIFICANT ( AUSE WAS ONTRIBUTING   RY Month, D	(c) CONDITIONS CO	Shot self in d. INJURY OCCURED. (  Shot self in d. INJURY OCCURRED 200, PLA tila Not While rock et work k	Entar nature of Injury in F  chest and  CE OF INJURY (Homa, fr tory, street, office bldg., a  Home Box	abdome	I item 18.)  N y or town)	(County) Howard	YES PERF	(State)
0		20a. EXTERNAL COPRIMARY There COCAUSE OF DEATH.  20c. TIME OF INJUING TO THE COLUMN TO	R SIGNIFICANT OF	20b. DESC	Shot self in d. INJURY OCCURED 200. PL dila Not While rork et work commans described above, he	chest and CE OF INJURY (Home, fe tory, street, office bldg., a Home Boy eld an Autopsy ],	abdome abdome irm, 20f. (cir ic.) 188	I item 18.)  N y or town)	(County) Howard	YES T	(State)
0		20a. EXTERNAL COPRIMARY There COCAUSE OF DEATH.  20c. TIME OF INJUING TO THE COLUMN TO	R SIGNIFICANT OF	20b. DESC	Shot self in d. INJURY OCCURED Not While work et work consisted above, he	chest and chest and ACE OF INJURY (Home, fe tory, street, office bidg., e Home Box eld an Autopsy , tide X, Homicid	abdome rm, 20f. (Cif te.) 188 Inspection	I item 18.)  n y or town)  Inquir determined m	(County) Howard	YES T	(State)
0		20e. EXTERNAL COPRIMARY Theor CC CAUSE OF DEATH.  20c. TIME OF INJUINATION TO COLUMN TO THE CONTROL OF THE CONT	R SIGNIFICANT OF	20b. DESC	Shot self in d. INJURY OCCURED 200. PL dila Not While rork et work commans described above, he	chest and chest	abdome abdome irm, 20f. (Cit ic.) 188 Inspection e, Ur L EXAMINER [	n y or town)  Inquired termined m	(County) Howard ry X and	YES T	(State)  Md.
0		20a. EXTERNAL CAPRIMARY Dispersion CC CAUSE OF DEATH.  20c. TIME OF INJUINATION TO COLUMN ASSET TO COLUMN ASSE	R SIGNIFICANT OF	20b. DESC	Shot self in d. INJURY OCCURED 200. PL dila Not While rork et work commans described above, he	chest and chest and chest and corp, street, office bldg., a Home Board an Autopsy , tide , homicid CHIEF MEDICA	abdome irm, 201. (Cit ic.) 188 Inspection in Lexaminer [ EDICAL EXAMINER]	I (frem 18.)  In (main and a free free free free free free free fr	(County) Howard ry X and	YES T	(State)  Md.
2		20e. EXTERNAL COPRIMARY Theor CC CAUSE OF DEATH.  20c. TIME OF INJUINATION TO COLUMN TO THE CONTROL OF THE CONT	R SIGNIFICANT OF	20b. DESC	Shot self in d. INJURY OCCURED 200. PL dila Not While rork et work commans described above, he	chest and Ce of INJURY (Homa, fetery, street, office bldg., a Home Box eld an Autopsy, cide, Homicid CHIEF MEDICA DEPUTY MEDICA	abdome rm, 20f. (Cif fc.) 188 Inspection E	n y or town) Inquir determined m	(County) Howard ry X and	YES T	(State)  Md.
2	MEDICAL	20a. EXTERNAL CAPRIMARY DAYS COLOR OF DEATH.  20c. TIME OF INJUOUS AND LOCAL STATE OF LAND.  21. I certify the death resulted the surface of	R SIGNIFICANT OF AUSE WAS NATRIBUTING TO THE AUSE WAS NATRIBUTING TO THE AUSE WAS NATED	20b. DESC 20b. DESC ay, Yeer 20c What was a series of the re- ral causes	Shot self in d. INJURY OCCURED 200. PL dila Not While rork et work commans described above, he	Enter nature of Injury in F  Chest and  ACE OF INJURY (Home, fe fory, street, office bldg., e  Home Boy  eld an Autopsy ,  cide X, Homicid  CHIEF MEDICA  M.D. ASSISTANT M  DEPUTY MEDICA  Address (Street  Address (Street	abdome abdome irm, 20f. (Cit ic.) 188 Inspection E	n y or town) Inquir determined m	(County) Howard Ty A and nanner	YES T	(State)  Md.  ppinion
0	MEDICAL	20a. EXTERNAL CAPRIMARY Differ COCAUSE OF DEATH.  20c. TIME OF INJUINATION OF INJ	R SIGNIFICANT OF AUSE WAS NATRIBUTING TO THE AUSE WAS NATRIBUTING TO THE AUSE WAS NATED	20b. DESC 20b. D	Shot self in d. INJURY OCCURED 200. PLA dille Not While et work above, he Accident . Suice 22c. NAME OF CEMETERY O	Chest and Ce Of INJURY (Home, fetery, street, office bldg., a Home Box eld an Autopsy, cide, Homicid CHIEF MEDICA	abdome rm, 20f. (Cif fc.) 188 Inspection E. L. EXAMINER LEXAMINER EDICAL EXAMINER 1, city, town, or	I item 18.)  N y or town)  determined m  lier  county)  Tion (City, town	(County) Howard Ty A and nanner 1	in my	(State)  Md.  ppinion
2	WEDICAL 250	20a. EXTERNAL CAPRIMARY DAYS COLOR OF DEATH.  20c. TIME OF INJUOUS AND LOCAL STATE OF LAND.  21. I certify the death resulted the surface of	R SIGNIFICANT OF AUSE WAS DISTRIBUTING THE RY Month, Date of the Charles of the C	20b. DESC 20b. D	Shot self in  s. injury occurred  cork of While  emains described above, he  Accident . Suice	Entar nature of Injury in F  Chest and  ACE OF INJURY (Homa, fetery, street, office bldg, a  Home Box eld an Autopsy J, Side X, Homicid  CHIEF MEDICA  M.D. ASSISTANT M  DEPUTY MEDIC  Address (Street  R CREMATORY	abdome rm, 20f. (Cife.) 188 Inspection EDICAL EXAMINER LEXAMINER L	I item 18.)  In y or town)  Inquired the country of	(County) Howard Ty A and nanner 1	in my o	(State)  Md.  ppinion



## TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Teach, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, after death.

VS. A15ME 5M 7/59

## FOR STATE MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08079

o. COUNTY	Howard	MARYLAN	a. STATE Ma	ryland	1 COLLUTE	ward	
write RURAL and	if outside corporate limits, I give nearest town) Elkridge	c. LENGTH OF STAY IN	X	V (If outside corporate li	mils, write RURAL ar		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospital, give street eddress)	d. STREET ADDRES	ss			S RESIDENCE
6726	6711 Washingt	on Blvd.	6726 6	Mashing	ton Blyd.	YES	□ NO ■
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeer
(Type or print)	PHILLIP	STANLEY	HARMAN	DEATH	July	3	1961
S. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	8. DATE OF BIRTH		(In yeers If UNDER		DER 24 HRS.
Male	White w	DOWED DIVORCED	Mar. 20 1900	61 6	yrs. Months	Days Hour	Min.
	orking life, even if retired)	building	JSTRY 11. BIRTHPLACE (See larylar		12. CI	TIZEN OF WHA	AT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME			
Comm	e Phillip Her	7000	Helen G.	Soper			
15. WAS DECEASED EV (Yes, no, or unkown)   []		16. SOCIAL SECURITY NO. 1	7. INFORMANT	mnan Box40	Address 7 Ellicoti	t City.	Md.
no	or so proper transaction and the second		Contract, the tree	annes avery		INTERVAL	
	H WAS CAUSED BY:	se per line for (e), (b), end (c).]  Arterioscleroti				ONSET AN	
CATIO	The cause of the condition of the condit	ns contributing to death bu				RT 1(e) 19. WAPE PE YES 2	RFORMED?
	ONTRIBUTING [	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Pert II of ilem 1	8.)		
20c. TIME OF INJU-	19	While Not While at work at work	PLACE Of INJURY (Home, factory, street, office bldg.,  Partial	afc.)	wn) (Co	ounty)	(State)
21. I certify to death resulted		ne remains described above s X. Asciden .	Suicide, Homicia		Inquiry, mined manner [	and in my	y opinion
ACTUAL	O harlen	S. Cetti	M.D. ASSISTANT M	MEDICAL EXAMINER		DATE	SIGNED
EXAMINER'S NAME (Type)	Charles	1	DEPUTY MEDI	CAL EXAMINER		7/4/	/61
22a. BURIAL, CREMATIC REMOVAL (Specify Intrial	ON, 226. DATE THEREOF	22c. NAME OF CEMETER Meadowridge	y or crematory	Elirid	City, lown, or countries, Ild.	7) (	(State)
While Lot to							
23. FUNERAL DIRECTO	R	ADDRESS		JUL 6 '61	246. REGISTRAR'S		

brain M. frem di PAGE 1911 sub Notes E COMES CONTRACTOR VIEWS BY THE CONTRACTOR OF SECTION SECTION to c the street failer street Ballo Balle THE PARTY OF THE P Takurk T Total Control

TO HOSPIT TO FUNER

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08080

o, COUNTY	Howard	м	ARYLAND 2.	o. STATE Md.	/here deceased	lived. If instituti b. COUNTY		-
b. CITY OR TOWN (If RURAL ond give no Elkrid		write c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (IF Elkridge		ote limits, write R	URAL and give ne	earest fown)
d. NAME OF HOSPITA	AL (If not in hospitol, give 4 Hunt Clu			d. STREET ADDRESS 44 Hunt	Club	Rd.		e, IS RESIDENCE ON A FARM? YES NOX
NAME OF DECEASED (Type or print)	Conrad	Mi	ddle Hei	CZOG	4. DATE OF DEATH	July		y Year 19 61
male	6. COLOR OR RACE 7	MARRIED NEVER MA		75/1879		9. AGE (In years lost birthday) 82 yrs.		Hours Min.
Oo. USUAL OCCUPATION during most of work  Baker 3. FATHER'S NAME	ing life, even if retired)	Retired			tzerla		12. CITIZEN O	S. A.
	Oberher R IN U. S. ARMED FORCE If yes, give wer or dotes of serv	S? 16. SOCIAL SECURITY	11/1	Lysette RMANT Le W.Herz		Add	lub Rd.	#27
Conditions, if or gove rise to in couse (a), stoting the lying couse lost.	the under-	Heffer	tene	ine Ca	rdu	Yes	uleu	terede
5		TIONS CONTRIBUTING TO					VEN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO [
	S UNDERLYING [] 21 [] CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJUI	RY OCCURRED, (	Enter noture of injury in	Port For Port	If of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCCURRED While Not white of work of work	foctor	OF INJURY (Home, far y, street, office bldg., e	rm, 20f. (City fc.)	or town)	(County	(Sto
saw the deceas	0 01	oftended the decea		th accurred a 9	9.00 ta	the causes or	20 1961, the date	hat (I) (we) lo e stated abov
220. SIGNATURE  27c. PHYSICIAN'S	ely Lan	wharthy	M.D	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.	. ,.	22b. DATE SIGNI
NAME (Type)	Bradley	Daugharth	у	1	rancis	Ave.	Haleth	orpe 27
BURIAL, CREMATION BURIAL (Specify) BURIAL	7/24/61		on Parl	REMATORY K Cemeter		inon (City, town,		(Stote)
4. FUNERAL DIRECTOR'S		ADDRESS		25o. REG	C'D BY REGIST	RAR 2Sb. REGI	STRAR'S SIGNATU	URE
Howard H.	Hubbard	4107 Wilke	ns Aver	nue DATE	1111 24	61 G	winn S. the	alla

AND 100 TO 100 TO 100 The second of th and the second of the second o The second secon I IS NOT THE WORK OF THE PARTY MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

00004

	77		8088 CERTIFICA	ATE OF DEATH	OCOOT
Page 4		1.	ACE OF DEATH COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived If it of STATE book and If it is a state book and	nstitution Residence before admission) JUNIY LOVERO
death.	M		CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Larriottsville	CITY OR TOWN (If outside carporote limits of lariottsville	write RURAL and give nearest tawn)
oy the f	X		. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	a STREET ADDRESS	e. IS RESIDENCE ON A FARMA YES NO
24 hou	,		AME OF First Middle RCEASED P KING	King 4. DATE OF DEATH J111	Manth Day Year V 15.1964 19
withir lely f	5	5. 5	The state of the s	I ( or or )	hday) Months Doys Haurs Min.
mple pers.		10c	USUAL OCCUPATION (Give Kind of work done 106 KIND OF BUSINESS OR INE		12 CITIZEN OF WHAT COUNTRY?
exect and co			Retired Paryland Hos		
e be an a carbo		13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
physician mave car		15.	John King  VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	Alice Sands	Address
certi			no. or unknown) (If yes, give wor or dates of service)	Mrs. Comilla Souton Marri	iottsville.Md
eath sndir lease		F	18. CAUSE OF DEATH [Enter anly ane couse per line far (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
en of			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tropical Title	onlique, ar areant	lestes
that the by the	<u> </u>		Conditions, if any, which)	alia talen des	1. To. 1959
ires ned ermi			gove rise to immediate cause (a), stating the under	a Ded	10011
an an sign	5		lying cause last. (c) Pulllilling	Ceplelle, P.P.A.	15 July 61
he law physic has bee	ىلىر	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		PERFORMED? YES NO
IAN: 1 tending ficate the bu		L CERTIF	206 ACC.DENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Part II of item	18.)
PHYSIC ol or of this cert		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work 19 at work 19	PLACE OF INJURY (Home, form, 20f. (City ar town) factory, street, affice bldg., etc.)	(County) (State)
aspill frer i	<u>.</u>		21 I certify that (I) (this haspital) attended the deceased from	19 19 10 15	19.6), that (I) (we) lost
TEND The h			sow the deceosed alive on 2	deoth accurred 200 PM, from the caus	ses(and on the date stated above 226 DATE
A ATI	5		Soward & Mall	M D PHYS MED STAFF	SIGNED
			22c PHYSICIAN'S NAME (Type)	22d ADDRESS Lifewille	me
OSP NED		230	BURIAL CREMATION 236 DATE THERFOF 236 NAME OF CEMETERY Burial 7-19-61 Wast Lik	1//	_
5 5 g	E , 111 ,	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		B REGISTRAR'S SIGNATURE
VR ATS (4)			F.C. Higinbothom, Ellicott City, I'd	DATE JUL 1 8 '61	Orthur S. Kraus

VR ATS (4) ISM 9/59



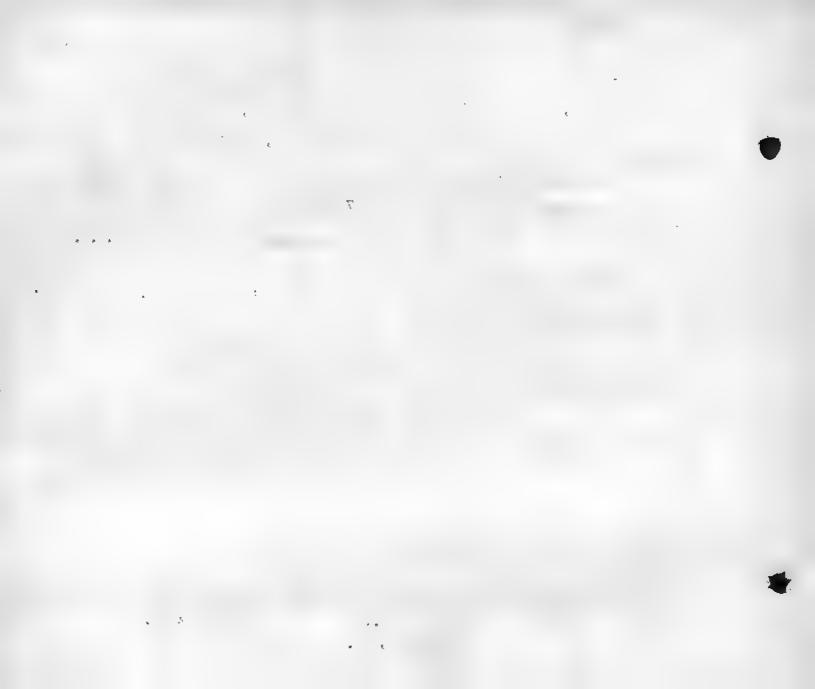
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institution: Residence before admiss on) a. COUNTY b. COUNTY the 1d 2 hath. MARYLAND b. CITY OR TOWN (if outside corporate him ts. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) J **Filled**Pages d. NAME OF HOSE TANOR INSTITUTION (if not in hospital, give street ad d. STREET ADDRES a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE DECEASED OF ded (Typa or pfin) DEATH 196 COLOR OR RACE 7. MARRIED in years | IE HODER 1 YEAR 5. SEX IF UNDER 24 HRS. laft Kirthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, everyif ratired) 13 FAPHER'S NAME 14. MOTHER'S MAIDEN DEME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO.I INFORMANT (Yes, no, or unkown) | (Ifyasgivawar or dates of service) 18. CAUSE OF DEATH [Enter only one cause par fine fo ALTWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immadiata causa **DUE TO** (a), stating the undarlying causa last. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED NO CERTIFIE 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of itam 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, '20f, [City or lown) 20c. TIME OF INJURY Month, Day, Year (Counfy) (Stata) factory, streat, office bldg., atc.) Whila Not While Hour a.m. af work at work 19 19.4., that (I) (we) last 21. I certify that (I) (this boseits!) attended the deceased from. .M. from saw the deceased alive on. , and that death occurred at the causes and on the date stated above. 22b. DATE 22 SIGNATURE ATTENDING MAED STAFF SIGNED PHYS DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S 23a. BURIAL, GREMATION, NAME OF CEMETERY OR CREMAJORY LOCA LION (City, town or county) C (Stata) (Specify 258. REC'D BY REGISTRAR 256 GISTRAR'S SIGNATURE 24 FURIERAL DIRECTOR'S VR A15 (4) aller S. Kraus 15M 9/60



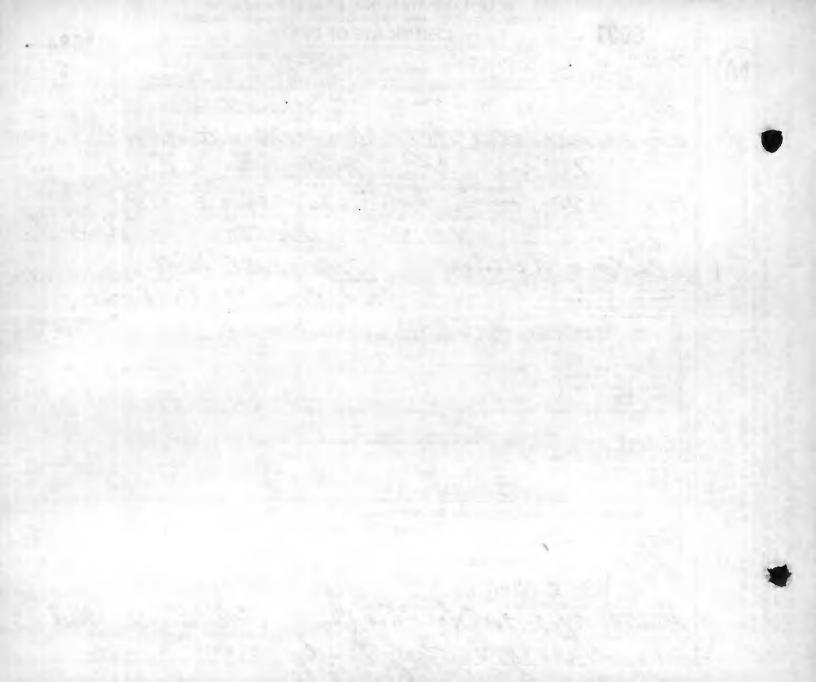
	090		CERTIFIC	ATE OF DEATE	•		Reg. Dist.	No.
PLACE OF DEATH				2. USUAL RESIDENCE (WI	iera deceased live	d If institution	oni Residence	before (
Torin.	red		MARYLAND	Maryl	8 m/l		Howard.	
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write   c Lt	ENGTH OF STAY IN 16	CITY OR TOWN (IF	outside corporate	limits, write Ri	URAL and give	e negres
Rt#175 Wet	· ·		life	X Hater	700 161			
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street oddre	15)	d STREET ADDRESS	2007			e.
0.11137707107				Mayfield Rd	. R4# 17			Y
3. NAME OF	Fir	11	Middle	Last	4. DATE	Mon	th	Day
(Type or print)		farshall		Rolling	OF DEATH	Jul		
5. SEX	4	The state of the last of the l	NEVER MARRIED	B DATE OF BIRTH		GE (In years	FUNDER 1 Y	EAR IF
No To	59	WIDOWED X7	DIVORCED [7]	whatroon	7.8	st birthdoy)	Months Do	bys H
	Negro			JSTRY 11, BIRTHPLACE (Stote	or foreign countr	4.7	12 CITIZE	EN OF
during most of wo	rking life, even if retired	)				· ·		
Labore	r		None	14 MOTHER'S MAIDEN I				5.1
15 WAS DECEASED EV	er IN U.S. ARMED FOR	CES7 16 SOCIA		Sophi		Addi		
		CES7 16 SOCIA				Addi		yfie
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22c NAME OF CEMETERY OR CREMATORY 220. BUR AL, CREMAT ON, (Stote) Odd Fellows., ARSSkville, Mi. 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

Cithun S. House



ERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, b. COUNTY a. COUNTY c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) marriollova d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospitat, give street address) ON A FARM? YES NO NAME OF 4. DATE OF DEATH DECEASED (Type or print) 6. COLOR OR BACE T- MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In years last birthagy) IF UNDER I YEAR IF UNDER 24 HRS Months Hours THIDOWED 12 CITIZEN OF WHATCOUNTRY 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE during most of working life, even if retired) 13. FATHER'S NAME 17. INFORMANT S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause peopline for (o), (b), and (c).] ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work 19\_\_\_\_, and that death accurred at \_\_\_\_/\_M, from the causes and an the date stated above saw the deceased alive an\_\_\_\_ 276 SIGNATURE SIGNED ATTENDING PHYS. MED.
DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type 234 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City\_lown, or county) (Slote 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE JUL 1 9 '61 Cillian & Thousa 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY .. STAMaryland Howardhy Howard the oath. MARYLAND b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Savage Savage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS. a. IS RESIDENCE ON A FARM Commeratal St. YES NO papers. n 72 ho 3. NAME OF Middle 4. DATE Year Last Month сошріе DECEASED DEATH July (Type or print) William Harvey Wheeler and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH lest birthdey) Months Days Min. Hours White Male WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Savage Cemetery Sexton 13. FATHER'S NAME a SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyes give wer or detes of service) W the CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERY L BETWEEN DEATH WAS CAUSED BY Down IMMEDIATE CAUSE (e) affending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying certificate has ceusa lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? SE O NO use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) TO OR CONTRIBUTING TO CAUSE OF DEATH After this paype 5 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) Not While While Hour e.m. of et work et work def D.m DIRECTOR: 21. I certify that (I) (this haspital) attended the deceased from death becured at 12 from the causes and on the date stated above saw the deceased alive on.. and that 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d, DARDRESS 22c. PHYSICIAN NAME (Type) FUNE ector, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county (Stete) 23e. BURIAL, CREMATION 0 25a, REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNARU 24 FUNERAL DIRECTOR'S AGNATO VR A15 (4) 15M 9/60

